

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/1505556</i>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51	1	1	101	1	
2		1					52	1		1		
3		1					53	1		1		
4	1						54	1		1		
5		1					55	1		1		
6		1					56	1		1		
7	1						57	1				
8		1					58	1				
9		1					59	1				
10	1						60	1				
11		1					61	1				
12		1					62	1				
13		1					63	1				
14	1						64	1				
15	1						65	1				
16		1					66	2				
17		1					67	1				
18		1					68	1				
19		1					69	1				
20		1					70	1				
21		1					71	1				
22		1					72	1				
23	1						73	1				
24		1					74	1				
25		1					75	1				
26		1					76	1				
27		1					77	1				
28		1					78	1				
29		1					79	1				
30		1					80	1				
31		1					81	1				
32		1					82	1				
33	1						83	1				
34		1					84	1				
35		1					85	1				
36		1					86	1				
37		1					87	1				
38		1					88	1				
39		1					89	1				
40		1					90	1				
41		1					91	1				
42		1					92	1				
43		1					93	1				
44		1					94	1				
45		1					95	1				
46		1					96	1				
47		3					97	1				
48		1					98	1				
49		1					99	1				
50		1					100	1				
TOTAL IND.							TOTAL IND.	13		13		
TOTAL DEP.							TOTAL DEP.			96		
TOTAL CLAIMS							TOTAL CLAIMS			109		